DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

## **Provider Inspection Summary**

For the period 01/01/2003 to 12/31/2005 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: THE HOMEPLACE OF STANLEY LLC (0011165)

Address: 225 E FOURTH AVE, STANLEY, WI 54768

**License Status: REGULAR** 

Licensed/Certified/Registered 11/04/2005

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Survey ID: 0095887 End Date: 11/04/2005 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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